STATEMENT OF

FORM 1	ORGANIZA (See instruction			Office use only
1. NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
National Asso	ciation of Insurance and Financi	al Advisors Political Act-		
ADDRESS (number and	street) 2901 Telestar Ct.			
(Check if address is changed)				
	Falls Church		L <mark>YA</mark>]	22042
		CITY	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-	mail address)		
(Check if address is changed)	IFAPAC@NAIFA.OR	G 		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0 9	/ D D / Y Y Y Y Y A			
3. FEC IDENTIFICA	TION NUMBER	C C00005249		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my kno	owledge and belief it is true, correct	and complete	
	Motthew C. Toos	-	·	
Type or Print Name of	Treasurer Matthew S. Tass	осу		
Signature of Treasurer	Electronically Filed by Matthew 9	S. Tassey	Date 09	/ D D D A D A D A D A D A D A D A D A D
NOTE: Submission of fal	se, erroneous, or incomplete information ma	y subject the person signing this Sta	·	
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530	ssion	FEC FORM 1 (Revised 02/2009)